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## Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/810,651-Conf. #9597 POWER OF ATTORNEY Filing Date March 29, 2004 First Named Inventor Yossi Avni **CORRESPONDENCE ADDRESS** APPARATUS FOR AND METHOD OF PATTERN Title **INDICATION FORM** RECOGNITION AND IMAGE ANALYSIS **Art Unit** 2129 **Examiner Name** Ben M. Rifkin Attorney Docket No. Matter # 10602342 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 000029053 Practitioners associated with the Customer Number: Practitioner(s) named below: Registration Registration Name Name Number Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Email Telephone Country I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. х Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Telephone Name Title and Company | Applied Neural Technologies NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of forms are submitted.